



State of Connecticut Office of Health Care Access Letter of Intent/ Waiver Form (2030)

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS
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All applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-160-34a of DHCA Regulations. Applicants should submit this form to the Commissioner of the Office of Health Care Access, 110 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Evergreen Endoscopy Center, LLC	
DBA (Doing Business As)	Evergreen Endoscopy Center	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Eastern Connecticut Health Network, Inc 71 Haynes Street Manchester, CT 06040	
Applicant type (e.g., profit/ non-profit)	For-profit	
Contact person, including title or position	Dennis McConville V.P. Strategic & Operational Planning	
Contact person's street mailing address	Eastern Connecticut Health Network, Inc 71 Haynes Street Manchester, CT 06040	
Contact person's phone #, fax # and e-mail address	860-533-3429 DMcConvill@echn.org	

SECTION II. GENERAL APPLICATION INFORMATION

Proposal/Project Title: Establish a Freestanding Endoscopy Center in South Windsor, CT

Type of Proposal, please check all that apply:

- | | | | | | |
|-------------------------------------|---|--------------------------|---------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S. | <input type="checkbox"/> | Replacement | <input type="checkbox"/> | Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> | New (F, S, Fnc) | <input type="checkbox"/> | Relocation | <input type="checkbox"/> | Service Termination |
| <input type="checkbox"/> | Expansion (F, S, Fnc) | <input type="checkbox"/> | Bed Reduction | <input type="checkbox"/> | Change in Ownership or Control |
| <input type="checkbox"/> | Bed Addition | | | | |

- ☒ Capital Expenditure pursuant to Section 19a-639, C.G.S.
☒ Project cost greater than \$ 1,000,000
☐ Equipment Acquisition greater than \$ 400,000
☐ New ☐ Replacement ☐ Major Medical
☐ Imaging ☐ Linear Accelerator
☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

Location of proposal (Town including street address): Tamarack Drive, South Windsor, CT 06074

List all the municipalities this project is intended to serve: Andover, Ashford, Bolton, Columbia, Coventry, East Hartford, East Windsor, Ellington, Glastonbury, Hebron, Manchester, Mansfield, Somers, South Windsor, Stafford/Union, Tolland, Vernon, Willington

Estimated starting date for the project: 10/30/2007

Type of Entity: (Please check E for Existing and P for Proposed in all boxes that apply)

E P	<input type="checkbox"/> <input type="checkbox"/> Acute Care Hospital	E P	<input type="checkbox"/> <input type="checkbox"/> Imaging Center	E P	<input type="checkbox"/> <input type="checkbox"/> Cancer Center
	<input type="checkbox"/> <input type="checkbox"/> Behavioral Health Provider		<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input type="checkbox"/> Primary Care Clinic
	<input checked="" type="checkbox"/> Other (specify): (E) _____ (P) <u>Freestanding Endoscopy Center</u>				

Type of project: 39 (Fill in the appropriate number(s) from page 4 of this form)

Number of Beds (to be completed if changes are proposed). Not applicable.

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

Estimated Total Capital Expenditure: \$2,189,138

Please provide the following breakdown as appropriate:

Renovations	\$
New Construction	\$ 979,138
Fixed Equipment	\$
Movable Equipment	\$ 840,000
Fair Market Value of Leased Space	\$
Fair Market Value of Leased Equipment	\$
Other: Start Up Costs	\$ 370,000

Note: The aggregate of all categories should equal the estimated total capital expenditure.

"Other" includes any category not listed above, (e.g., land acquisition, service agreement, fees, etc.)

Major Medical equipment acquisition: Not applicable

Unit Type	Model	Name	Number of Units	Cost

Type of financing or funding source (more than one can be checked):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Applicant's Equity | <input type="checkbox"/> Lease Financing | <input checked="" type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> CHEFA | <input type="checkbox"/> Grant Funding |
| <input type="checkbox"/> Other (specify): _____ | | |

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following:

1. What are the anticipated payer sources?
2. Identify any unmet need and how this project will fulfill that need.
3. What is the effect of this project on the health care delivery system in the State of Connecticut?
4. Are there any similar existing providers in the proposed geographic area?
5. Why should this project be approved?
6. Who will be responsible for providing the service?
7. Who is the target population?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER INFORMATION

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____
- ☐ The cost of the equipment is not to exceed \$2,000,000
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit.

For Office Use Only:

Action taken:

- | | |
|---|--|
| <input type="checkbox"/> Waiver Approved | <input type="checkbox"/> Waiver Denied |
| <input type="checkbox"/> Appropriate Forms Sent | List of the forms sent: _____ |

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Critical Care Unit
3. Hospice
4. Maternity
5. Med/ Surg.
6. Pediatrics
7. Rehabilitation Services
8. Transplants - Bone Marrow
9. Transplants - Organ
10. Trauma Centers
19. Other Inpatient

Outpatient

20. Ambulatory Surgery Center
21. Birthing Centers
22. Imaging Services
23. Lithotripsy
24. Mobile Services
25. Oncology Services
26. Outpatient Rehabilitation Services
27. Paramedics Services
28. Primary Care Clinics
29. Urgent Care Units
39. Other Outpatient

Behavioral Health

40. Detox - Inpatient
41. Detox - Outpatient
42. Psych. Only - Inpatient
43. Psych Only - Outpatient
44. Psych Only - Partial Hospital Program
45. Substance Abuse Only - Inpatient
46. Substance Abuse Only - Outpatient
47. Psych. and Substance Abuse - Inpatient
48. Psych. and Substance Abuse - Outpatient
49. Psych. and Substance Abuse - Partial Hospital Program
59. Other Behavioral Health

Non-Clinical

60. Facility Development
61. Non-Medical Equipment
62. Organizational Structure
63. Renovations
71. Other Non-Clinical

Project Description

The Applicant proposes to build and operate a four room freestanding endoscopy/colonoscopy center which will provide upper and lower endoscopy services to patients from the nineteen town service area of Eastern Connecticut Health Network (ECHN). The Center will be located in a medical office building planned for the Evergreen Walk development in South Windsor, CT. The Center will be a limited liability corporation (LLC) having ECHN and certain physicians from the ECHN Medical Staff as members. ECHN will hold a 50% interest in the LLC and up to eleven private practice physicians will own the remaining interest. This proposed joint venture is an opportunity for the hospital and the physicians to align their interests in serving patients in a setting that is more convenient for and preferred by patients.

The payer source for reimbursement for procedures performed at the Center is expected to mirror the payor mix of the hospital based service at Manchester Memorial Hospital, as the patients using this Center will also be from ECHN's current service area. National and state data suggest that less than half the population eligible for colonoscopy screening uses the service at present, and we believe that with sufficient community and primary physician education, new incremental volume will be sufficient to support the proposed facility. The project is expected to provide an additional opportunity for patients to receive endoscopy services, but in a different setting from the current hospital-based service. By expanding capacity, ECHN anticipates meeting the growing demand for colonoscopy services for the population over fifty years of age.

While all of the hospitals in the nineteen town service area (Manchester Memorial Hospital, Rockville General Hospital, and Johnson Memorial Hospital) provide endoscopy services, ECHN is not aware of any freestanding endoscopy centers in the service area. Endoscopy services will continue to be provided at ECHN hospital sites but will also be provided at the new freestanding Center, by any member of the ECHN Medical Staff who currently provides endoscopy services, including the physician partners. Additional physicians recruited to ECHN's Medical Staff may use all of the endoscopy facilities, and the presence of a freestanding facility is expected to positively contribute to that recruitment effort.

The services will be provided by the members of the ECHN Medical Staff who currently provide the service, assisted by dedicated staff hired for the Center.